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A CASE OF EXTRA-UTERINE PREGNANCY.¹

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Mrs. E., born May 24, 1840, in Pennsylvania, nervo-sanguine temperament, blonde complexion, light-brown hair, and blue eyes, had good health in youth, began to menstruate at the age of fourteen, and continued to do so without pain or irregularity until after marriage.

She was married October 24, 1859, and had a miscarriage between four and five months afterwards, flowing very profusely at the time; she rapidly recovered, and after three months menstruated again, and continued to do so regularly until about the 20th of December, 1869, when she became pregnant.

In the latter part of February, 1870, she was threatened with a miscarriage, accompanied with severe uterine pains and profuse hæmorrhage. This state of affairs continued for nearly three weeks, reducing her very low, and was characterized by the most intense expulsive pains, followed by and at times accompanied with prolonged fainting spells, lasting perhaps for hours. No one who saw her thought it possible for her to recover. These symptoms defied all kinds of treatment, but finally were relieved by electricity.

It was considered, by all the physicians who saw the case, a miscarriage, on account of the size and quantity of the clots passed, as well as the general subsidence of pain after this period. There had been considerable irritation of the stomach, which after this time was much less, although it continued for a month or two longer.

She gradually regained her usual health, so that in April she expressed herself as "never feeling better," although rapidly increasing in size and very much annoyed by the excessive viability of the fœtus.

Up to this time she resided in Elizabeth, N. J., but on the first of May, 1870, she removed to Brooklyn, N. Y. She was not sick an hour during the summer, nor until September 10th, when severe uterine and abdominal pains supervened, and a physician was called, who, after having made an examination, remarked that there was no particular indication requiring his immediate attention, gave an anodyne, and re-

¹ Read before the New York Obstetrical Society, March 21, 1876.

tired. After this she had more or less contractile pains, at times very severe.

September 20th, severe labor-like pains came on, increasing in intensity during the morning, afternoon, and evening, until they became almost unbearable, and yet not accomplishing anything, as remarked by the attending physician.

The pains continued until late in the afternoon of the 21st, when they began to abate, and by midnight had nearly subsided; they ceased entirely before morning.

On the morning of the 22d a very peculiar discharge from the uterus commenced, consisting of a fleshy substance and clot-like portions of a disorganized placenta; this continued quite profusely for a few days, when the discharge, gradually diminishing, became very offensive, and at length almost intolerable. This discharge continued nearly three months, though gradually diminishing.

The fœtus, from its first period of viability, which occurred about the fourth month of utero-gestation, to the 20th of September, was unusually active, presenting a characteristic width rather than prominence, so much so that it was thought there were twins. After September 21st there was no motion whatever. The milk-fever occurred on the 25th and 26th, followed by a most abundant secretion, which it required a long time to suppress. The patient remained very weak and exhausted for several months.

There was no perceptible diminution in size before February, 1871, when absorption gradually began to take place, and in the latter part of May a portion of the fœtus, probably an elbow or knee, became very prominent in the left abdominal region, about four inches above and to the left of the umbilicus; this became so annoying that a consultation was held early in June. An examination of the uterus was made with the sound, and found empty, and the prominence pronounced an encysted tumor. There was no pain in the abdomen at this time, neither had there been any since the 22d of September, 1870. At this time absorption had reduced the patient to about the size of a six or seven months' pregnancy. The menses had reappeared in May, and continued regularly until February, 1873, a period of two and a half years. Now, after missing two months, she took some emmenagogue remedies, which induced an abundant flow, and for a few days it was accompanied with severe uterine pains; these subsided, but the flow, gradually diminishing, continued for some time, she really thinking that she had a miscarriage at this time, it so resembled her former miscarriage. During the period that her menses were regular, from May, 1871, to February, 1873, she enjoyed her usual good health, and attended to her customary duties.

Early in May, 1873, the case first came under my observation. I found her keeping her room, and the bed most of the time, as she was very

weak from the long-continued discharge above referred to. The discharge disappeared under treatment in about two weeks, while her strength only partially returned, with a very fair appetite. About two weeks after the uterine discharge had disappeared, a moderate diarrhoea supervened, which gradually increased, while it became peculiarly offensive. All symptoms became aggravated quite regularly about every four weeks, and then would mostly subside during the interval. The appetite became very fair, the general health improved somewhat, and she again became what one would call a very comfortably sick patient. When on her feet for some time, or walking any considerable distance, her feet and ankles would become œdematous, as is usual with pregnant women.

After the middle of June I saw her only occasionally, she being very comfortable, and residing some distance from me. On the 13th of July, 1873, while visiting the stool, she perceived some large foreign body passing from her *per anum*, which proved to be the left lower extremity of a full-grown fœtus, firmly adherent to its ossa innominata by its ligaments, while the flesh was decomposed and gone from the ossa innominata and from the knee downwards. On the section from the hip to the knee the skin and flesh were *in situ*, presenting the section of the limb of a full-grown fœtus. Before my arrival several other pieces of bones, etc., had passed, but were not saved.

On making an examination *per vaginam* I found the parts healthy, the uterus pressed downwards and forwards somewhat, with some little anteversion, and not much larger than the virgin uterus. The os retained its relative position, but was slightly tilted backwards. The bladder was pressed forward, and the head of a full-grown fœtus was felt posteriorly, resting upon the fundus of the uterus.

On examination *per anum* I found a vertex presentation of the head, rather posterior to the fundus of the womb and above the recto-vaginal sulcus, and some four or five inches above the anus there was an opening into the abdominal cavity about three inches in diameter, through which portions of the fœtus could be distinctly felt.

No unusual symptoms occurred at this time, and the patient could walk about with very little inconvenience. The œdematous condition of the lower extremities produced the most unpleasant symptoms she had.

This development of the case at once revealed the cause of the intensely disagreeable diarrhoea which had existed so long and had resisted all attempts at treatment. The case continued to be aggravated, as before, every two or four weeks, at which periods portions of the fœtal bones would be discharged.

As the head slowly descended into the recto-vaginal sulcus the œdema increased, dysuria occurred, and reflex irritation of the stomach induced vomiting, which continued to the last.

The case progressed slowly, the head gradually settling down into the recto-vaginal sulcus, posteriorly to the uterus, pressing upon the rectum and gradually filling the curve of the sacrum.

At length very painful hæmorrhoids were developed, rendering an examination almost impossible.

About the middle of October a large amount of decomposed matter had collected in the sulcus, below the head, which gradually ulcerated through into the rectum, near the anus, which opening continued to enlarge to the last. Through this opening the cranial bones could be distinctly felt overlapping each other, forming a firm cone. Most if not all of the discharge, together with the pieces of bones, after this passed through this opening.

About the middle of January, 1874, the cranial bones had become so separated that several pieces were removed, during which operation the sharp edges caused much suffering. On the 20th of January a large number of cranial and other bones, having become loosened, were removed with the aid of a small bullet-forceps, with much relief to the patient. Early in February the entire occipital, one parietal, and several other pieces were removed in the same manner, and an unusually large amount of decomposed matter passed immediately afterwards. The patient expressed herself as greatly relieved, and on the following day passed urine easily and retained food on her stomach as she had not been able to do for a long time. Most of the bones within reach had now been removed, and her comfortable condition encouraged the hope of a favorable issue of the case.

After about one week the old symptoms gradually began to return, and in a day or two increased rapidly, while the remaining portions did not settle down within reach as the others had done. On the 11th of February, while at stool and voiding a large quantity of decomposed matter, she exclaimed that everything in her seemed settling down and about to pass from her, and immediately she fainted. I was present shortly afterwards. She rallied in a few minutes, after which I made a careful examination *per anum*, and found the remaining portions quite low, though not in the rectum, but mostly back of the uterus and in the sulcus. No attempt could now be made to remove them, although she desired me to make the effort, hoping it would relieve her as it had before. As she had passed no urine for twenty-four hours, the catheter was introduced, and the bladder found empty. She gradually sank, and died in about five hours, February 11, 1874, at about nine P. M.

Post Mortem. — The post mortem was held February 12th at four P. M. External appearances natural, except the œdema of the lower extremities.

On opening the abdominal cavity no watery accumulations were

found; the intestines were lifted up and pressed backward towards the stomach and liver, and firmly sealed in this position by false membrane. The abdomen was much discolored by the fœtal decomposition which had taken place. No traces of any other than false membranes were found.

The uterus and bladder, though pressed downward and discolored externally, were healthy inside. The left ovary was involved in the general destruction, and only a short portion of the left Fallopian tube remained; it was about three fourths of an inch long and about one third of an inch in diameter. The right ovary was very nearly normal in position, and natural in size and general appearance, with a tumor upon its upper side about three fourths of an inch long and half an inch thick. There were two others about the size of large peas, and all were of a peculiar kidney-shape, on the lower side.

On examining the rectum an opening was found in front, from two and a half to three inches in diameter, about five inches above the anus, and another, somewhat larger, at the extreme lower portion near the anus. In seeking for this lower opening the remaining portions of the fœtal bones, etc., were removed, forming a mass about the size of a man's fist, which were retained in this position by the ureters, both of which were bared and in front of the mass.

Nothing morbid was found in the liver, spleen, kidneys, stomach, lungs, and other organs examined.

A copy of this paper and the bones will be deposited at once in the museum of the Medical Department of the University of the City of New York.

ANALYSIS OF FIVE THOUSAND CASES OF SKIN DISEASE.¹

BY JAMES C. WHITE, M. D.,

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FIFTH PAPER.

CLASS IX. *Malignant New Growths* (26 cases). One case of elephantiasis Græcorum, or true leprosy, was observed, and was the more remarkable that the patient was of native New England stock and had never been out of the United States, nor had there been in his family any record of such disease. It was of several years' duration, and the cutaneous manifestations were of the tubercular type. The cases of epithelioma were nearly all of the superficial form, and affected the skin of the face, the deeper-seated forms and cases in open ulceration naturally seeking relief directly in the surgical department. The most noteworthy features in them were the frequency with which the seba-

¹ Concluded from page 509.

aceous glands were the starting-point of the affection, and the early age at which the disease manifested itself in several cases, the patients not being above twenty-five years old.

Class X. *Ulcerations* (309 cases). Nearly all the cutaneous ulcers here included were seated upon the lower leg, and were of the most ordinary character. A large proportion of them were associated with eczema of the part, either primarily or secondarily, in the first instance provoking the inflammation in the surrounding skin by the nature of their discharges or of the applications made to them, or in the latter case being themselves the result of devitalization of the cutaneous tissues by the chronic eczematous process.

Class XI. *Neuroses* (52 cases). Were all the affections of the skin included in this class which have been claimed by the neuro-pathologist in recent times as belonging to it, there would be little need of other classes to receive them, for there is scarcely a disease among them which some writer has not guessed to be caused by "abnormal innervation," "trophic disturbance," or other familiar verbal formulæ of the sort. Now that its filaments have been traced through the corium up into the epidermal cells, the intimate connection of the whole skin with the nervous system has been as fully established as that of all other parts of the body; but why it should be selected as the favorite field of the neuro-theorizers of to-day is not clear, unless it be that electro-therapeusis can be so directly brought to bear upon it. There is no more reason why affections of the skin should *a priori* be regarded as neuroses than structural diseases of the liver, or lungs, or kidneys. That disturbances of cutaneous sensibility are frequently associated with and caused by cutaneous affections, that similar disturbances of sensibility often lead secondarily and indirectly to structural disease of the skin, and that structural disease of nerves and their ganglia may directly give rise to certain well-marked forms of efflorescence are well-established facts, because they rest upon sound observation; but beyond this most of what has been written upon the neuro-pathology of skin diseases is merely surmise and of the blindest character. Nerves go everywhere, they are distributed to all parts of the skin, they regulate all its functions and growth; therefore, if anything about it goes wrong they are at fault, say the neuro-pathologists. The blood permeates all the tissues of the skin, it supplies the nutrition upon which the growth and functions of the latter depend, itself may be laden with peccant elements, therefore, if the skin is diseased it is the blood, said the humoral-pathologists. Let us be content with the teachings of observation. That zoster might well be placed among the neuroses is universally acknowledged, but the only other affections upon the list which can claim a position in this class are the fifty-two of simple pruritus and the two of exalted sensitiveness of the skin, or hyperæsthesia. Associated with the cases of pruritus

were many secondary changes in the skin, such as are capable of being excited into existence by scratching and other means resorted to for allaying itching.

Class XII. *Parasitic Affections* (549 cases; vegetable 278, animal 271). Tinea tonsurans was by far the most common of the former. Its varieties in the one hundred and eighty cases observed were as follows: Forty-two were seated upon the scalp, and affected children exclusively; thirty-eight were of the bearded parts of the face in adult males, parasitic sycosis; while the other hundred cases were ordinary ringworm upon various parts of the body, mostly those unprotected by clothing, in persons of both sexes and all ages. Most of the children with the disease upon the scalp had also ringworms upon other parts of the body, or had had them in the earlier stages of the affection. Nearly all the cases of parasitic sycosis, too, began as simple ringworm of the bearded face, which in periods ranging from three to twelve weeks assumed the characteristic appearances of this later stage of the disease, and many of them exhibited recurrent outbreaks of the circinate form upon other parts of the body, which served as more fertile sources of contagion to other members of the family during the prolonged course of this most stubborn disorder. A large proportion of these patients were sure that they had taken the disease at the barber's shop. All forms of the affection were shown to be easily transmitted and contracted. The clinical history and microscopic examination of these cases of sycosis make the existence and even the frequent occurrence of the parasitic form of the disease a matter far removed from question, and the refusal of Professor Hebra to accept the former inexplicable, although there can be no doubt that it is much more common here than in Vienna.

Tinea versicolor comes next in order of frequency, and in this respect it would doubtless approach tinea tonsurans nearer, were as large a proportion of the cases which really exist treated, for whereas the latter in all its forms occurs generally upon the most exposed parts of the surface, tinea versicolor avoids these altogether, and may exist even for long periods of time without betraying itself to the bearer, so slight in many cases are the subjective symptoms it causes. The extent of surface affected varied from a few small circular patches in some patients to its almost continuous distribution over the trunk and limbs in others, giving a uniform dark-buff or brown color to the whole skin, excepting the face and hands. In many instances the disease was discovered incidentally in the examination of the chest by the physicians of the other departments of the hospital. In a large proportion of the cases it had existed several years, generally extending in summer and diminishing somewhat or being less apparent in winter. In four cases only out of the eighty-one did inquiry elicit the fact of its known transference from

one person to another, even among married people, in cases of many years' duration, nor was anything learned of the ways in which the disease is generally contracted.

Tinea favosa occurred only seventeen times, and even this small number by no means represents so many individual instances or centres of the disease, because more than half of them were cases where two or three members of the same family were affected. In the others no known transference to other hosts had occurred. All of them had existed for a long time, and in all but three the growth was confined to the scalp. In one case it not only covered the scalp, but large portions of the trunk and parts of the limbs.

Tinea decalvans was represented by some of the cases placed under alopecia areata, but what proportion of these were parasitic cannot be stated for want of complete observation.

From this very brief analysis of the vegetable parasitic affections we may draw the following conclusions: *Tinea tonsurans* in all its forms is of very frequent occurrence, is easily communicated, and the latter may sufficiently explain the former. *Tinea versicolor* is less common, but occurs oftener than is suspected, and it is communicated with very great difficulty. It is probable, therefore, that extraneous sources of contagion exist about us, the nature of which is as yet unknown. *Tinea favosa* is here very rare, and occupies with respect to contagiousness an intermediate position between the above.

Animal parasites. The number of cases of phtheiriasis capitis recorded might no doubt have been greatly increased if every patient had been specially examined for the presence of pediculi. The number given includes only those cases in which the parasites were the cause of so much eczematous inflammation of the scalp and contiguous parts as to lead to their discovery.

It would have been more satisfactory if, in concluding these necessarily brief and imperfect notes upon the occurrence of skin diseases at the out-patient department of the hospital, the results of treatment might also have been presented, but, as stated in the beginning, the control of the physician in charge over this class of patients is so uncertain that any such conclusions must be in the main imperfect and unreliable, and therefore unwarranted.

RECENT PROGRESS IN OTOLOGY.

BY J. ORNE GREEN, M. D.

Acute Inflammation of the Cellular Tissue in the Supra and Post-Auricular Region. — Voltolini¹ calls attention to a peculiar circumscribed inflammation of the subcutaneous cellular tissue above and be-

¹ Monatschrift für Ohrenheilkunde, No. 12, 1875.

hind the auricle, which is occasionally met with, and which is not mentioned in any of the text-books on the ear. It consists of an acute inflammation of the subcutaneous cellular tissue just above and behind the ear, circumscribed in extent, wholly unconnected with the ear itself, and not dependent on inflammation of the meatus, auricle, or mastoid cells, limited entirely to the bald spot near the ear, with no tendency to spread over the scalp, but with a tendency to affect both sides at the same time. It begins with very severe pains in one or both sides of the head, which often extend into the face and teeth. These symptoms, often mistaken for toothache, are followed by febrile disturbance for a few days, and the pains then became more localized above and behind the ear, and the skin in this region becomes red, glistening, swollen, and intensely sensitive to pressure. From this stage the inflammatory process, unless checked, goes on, with the most intense suffering, to the formation of pus, which, unless evacuated artificially, forms burrowing abscesses, and these may exhaust the patient or the pus may perforate the upper and posterior wall of the meatus and so find an exit through that passage. If wholly neglected, as the result of the burrowing pus, numerous fistulæ may form in and about the ear, but there is no tendency to an affection of the bone. Generally, however, the inflammation is confined to the region above and behind the auricle.

The treatment consists in leeching freely, or better still in a free incision through all the swollen tissues with a knife, even if the inflammation has not gone on to the formation of pus, and after this in continual poulticing. If pus has already formed, a free evacuation with the knife is the only possible course. Three cases are given by Voltolini, one of which proved fatal by exhaustion, from the patient refusing to allow the original abscess to be opened.

The specific nature of the affection is shown by its affecting the same region on each side and never any other part of the body, and by its being unconnected with any inflammation of the meatus, auricle, tympanum, or mastoid cells.

If seen after the inflammation was established, it would suggest either a beginning erysipelas of the scalp or more probably a perioritis from the mastoid cells, but its distinct localization and the severity of the pain would distinguish it from the former, and an examination of the ear proving the absence of any inflammation in that organ would distinguish it from the latter.

Whether further observation will justify the very specific character which Voltolini gives to this pseudo-erysipelatos inflammation remains to be seen; but the article is of interest as calling attention to a disease that would be very apt to be referred to the ear, with which, however, it has no connection.

Operative Treatment of Otorrhœa. — Wolf¹ suggests a new method

¹ Archives of Ophthalmology and Otology, Vol. V., No. 1.

of treatment especially adapted for the small carious spots and ulcers of the bone which are occasionally found to be the source of an obstinate otorrhœa, but also useful in the removal of polypoid growths and granulation tissue which are so common. The instrument used consists of a small spoon with a cutting edge on a wire handle; it is made so small that it will not obstruct the light in the meatus, and the wire handle is made so malleable that it can be turned in any direction and yet is firm enough to allow of scraping the bone. The polypus or granulation being brought into view, and its attachment made out with the probe, the cutting edge of the spoon is pressed against the root of the growth with a slight digging motion, and the growth cut off; if now the bone is found to be carious beneath the growth, as shown by the small particles of necrosed bone in the bowl of the spoon, the carious surface is scraped until no more of the little black particles are seen.

Of course in the use of the instrument an accurate knowledge of the topographical anatomy is necessary, as by its use in certain directions there would be great risk of injuring neighboring organs. Wolf claims that except toward the roof of the cavity, where the dura mater lies in close proximity to the tympanum, this method of operating can be used without risk of danger or even fear of reaction, and in his hands has produced excellent results. Where caries existed, the operation of scraping required to be repeated several times, at intervals of a few days. Where the bone was extensively diseased, healing could not take place; but where there were only small spots of circumscribed caries, perfect healing followed the operation.

The Simulation of One-Sided Deafness and its Recognition. — For the purposes of malingering in the military service and for fraud in legal cases the simulation of deafness of one ear is not uncommon, and its recognition becomes a matter of great importance to the military surgeon and the medico-legal adviser. Various methods of detecting this simulation have been proposed, some very simple, so that they can be applied by any practitioner, others based on so many principles of the laws of sound and of aural physiology that they can hardly be considered of general value or applicability. Among the latter of these should be mentioned the beautiful and elaborate method of Lucæ¹ by means of the interference otoscope of Quinke, the objection to which, however, is that from its very elaborateness it would be liable to many errors in the hands of one unaccustomed to the instrument, and it also requires a greater degree of intelligence on the part of the person examined than could be expected to exist or at least be shown. Other and much simpler methods exist and ought to be generally known. Peuber² uses the following method in detecting this form of malingering in the

¹ Lucæ, Berliner klinische Wochenschrift, No. 9, 1869.

² Berliner klinische Wochenschrift, No. 9, 1869.

military service: Through a wall between two rooms, in one of which is the examiner and in the other the person to be examined with the witnesses, pass two metal tubes near each other. From these, two rubber tubes pass to the ears of the person to be examined, so arranged that they cross each other, in order that words spoken into the right metal tube may pass to the left ear of the examined, and *vice versa*. From each rubber tube a side tube is attached so that the witness of that side can hear the words spoken into the mouth-piece. By observations on normal ears Dr. Teuber finds that words spoken rapidly in succession, first in one tube and then in the other, very soon so exhaust the ears that the person is unable to tell into which ear the examiner speaks. Now if a malingerer is examined in the same way he will soon, from the continued examination, become wearied and betray himself by repeating some of the words which were spoken into the feigned deaf ear. As Lucæ remarks, this method cannot be considered infallible, for a very bright malingerer might be able to give correct answers; but it has this advantage, that an injustice could never be done to a person really deaf in one ear, for he would escape all confusion and never fail in repeating the words spoken into the good ear.

Another method described by Lucæ as in use by Dr. L. Müller consists in the following simple modification of the above. Words are spoken gently and quickly through any tube, as a roll of paper, into the healthy ear and repeated by the examined so as to establish how lightly and quickly one can speak and be understood. A second observer now repeats the same method in the deaf ear, and the malingerer naturally is unable to repeat them. The first observer again speaks in the healthy ear, and then suddenly both observers speak different sentences at the same time into the two ears, each through his own tube. Now, if there is really one-sided deafness, the person examined will quietly repeat the sentence of the healthy ear; if, however, both ears are healthy, he will be so confused as to be unable to separate one sentence from the other, and to repeat the one which was spoken into his so-called healthy ear.

A very simple method of detecting feigned one-sided deafness has been suggested by Moos.¹ It is based on the well-established laws of the conduction of sound through the bones of the head, which vary so much from the usual conduction through the air as to be incomprehensible to the non-professional mind. If examination of the ears shows no disease of the meatus or membrana tympani, the assumed deafness on one side must be due to disease either of the middle ear or labyrinth; if in the middle ear, it is generally due to rigidity of the conducting apparatus, and a vibrating tuning-fork with a low fundamental tone when placed on the vertex of the head in the median line will be heard

¹ Archives of Ophthalmology and Otology, Vol. I., No. 1.

only in the diseased ear; if the disease is in the labyrinth (or nervous structures), the tuning-fork on the same spot will not be heard at all in that ear, but wholly in the healthy ear. Now, in a case of malingering, after examination of the ears has shown no apparent disease, the healthy ear is closed with a compact mass of charpie, and a vibrating tuning-fork is placed on the vertex; if the person examined still denies that he can hear the sound of the tone, even in the healthy ear, there is no doubt of his simulation. This method is used in the Austrian army with satisfactory results; the objections to it, however, are that it requires an expert examination before the trial, to be sure that there is no visible disease, and that the healthy ear performs its functions perfectly or nearly so.

Diagnosis of Total Deafness of One Side.—Knapp¹ suggests the following two methods of diagnosing total deafness of one ear as supplementary to the common tuning-fork tests. If a vibrating tuning-fork is moved up and down before a healthy ear, the impingement of the direct waves of sound on the ear will be heard louder than that of the indirect waves, consequently as the fork is moved up and down there is a regular periodic enforcement of the note. If now this ear is partially closed, this periodic enforcement is still noticed, although not so marked; but if the ear is tightly closed, the pulsations of sound are no longer heard, but a merely uniform note is perceived from the waves passing around the head and entering the other ear. In a totally deaf ear the same effect is produced as in the tightly closed ear.

The other method suggested consists in the patient's noticing the sound produced in the ear when the drum-membrane is moved by means of Sieglé's pneumatic speculum. This movement is, in a healthy ear, noticed as a sound of low pitch, but if one ear is deaf this sound is heard only in the healthy ear.

The following is Knapp's recapitulation of the tests for one-sided total deafness:—

(1.) In one-sided complete deafness, a tuning-fork vibrating on the incisor teeth or the middle line of the skull, is heard on one side only. Its sound is enforced when the ear of this side is closed, but remains unchanged when the other side is closed. This method is well known, but in many cases unavailable.

(2.) A vibrating tuning-fork, moved up and down before a healthy ear, causes an enforcement of the sound, like the puffs of a locomotive, as often as it passes the level of the auditory canal. When moved before a totally deaf ear its sound is still perceived, *i. e.*, by the other ear, but uniformly, without periodic enforcements.

(3.) The pneumatic otoscope in a healthy ear makes the movements of the membrana tympani audible as a deep but distinct sound, whereas, in a totally deaf ear it produces no sound at all.

¹ Archives of Ophthalmology and Otolology, Vol. IV., Nos. 3 and 4.

RICHARDSON ON DISEASES OF MODERN LIFE.¹

THE results of modern civilization are not unmixed good. The tree of knowledge yields evil as well as good fruit, and those who eat of it should learn to select the latter and eschew the former. Every invention that diminishes labor or increases luxury offers new and unexpected evils. Every advance of science which discloses new powers also discloses new dangers. The railroad car that carries a passenger with marvelous celerity and comfort to his journey's end imparts its tremulous and rapid motion to his spinal cord and head, and subjects them to a continuous and rapid shaking which, if sufficiently prolonged, produces a disorder of the nerves that riding in the old-fashioned coach or on horseback never engendered. The stokers and crews of the steamships which almost fly across the ocean suffer from diseases that the seamen of former times and of sailing vessels never experienced. The telegraph, which brings into close communion all the nations of the earth, wears the brain and tires the eyes of those who use and operate it in a new and surprising manner. The photographer, whose pictures charm the world, himself deals with poison while producing his attractive works. Even what are called the modern conveniences of household life are doubtful blessings. The furnaces which give a summer atmosphere to our houses in winter often produce an excessive and dangerous amount of heat, and convey deleterious gases with the heat they yield. The pipes which carry water into and out of our houses afford opportunity for the introduction of the germs of typhoid fever, diphtheria, and other evils. Water itself, which comes pure into our cities and dwellings, goes out of them laden with impurities, and, unless its exit is carefully guarded, poisons the neighborhood of its outflow. Chemistry, whose wonderful discoveries have added beauty and comfort to the present age, enables the grocer to tamper with his goods, the manufacturer to poison his fabrics, puts arsenical hangings upon the walls of our apartments, colors the stockings, skirts, and head-gear of our ladies with brilliant but unhealthy dyes, tempts the confectioner to ornament children's sweetmeats with poison, and by numerous and unsuspected devices adulterates our food and drink.

So numerous and so potent are the causes of disease which are associated with the advance of civilization that they have long since arrested the attention of physicians, and are beginning to alarm and arouse the public. The book which lies before us, from the pen of Dr. B. W. Richardson, of London, an eminent physiologist and physician, on the Diseases of Modern Life, is an emphatic illustration of our remarks. In a volume of five hundred and twenty pages, Dr. Richardson has pointed out the important diseases which may be fairly charged to modern civilization. His book is intended for the public, but is also of value to physicians. "Medical in all its aspects," it is, he says, "avowedly written for the study of the intelligent public as well as for medical men; but whoever opens it to find domestic medicine, or revelations of the arcanum of medicine, will be deceived. I have written, feeling that the day of

¹ *Diseases of Modern Life*. By BENJAMIN WARD RICHARDSON, M. D., M. A., F. R. S., etc., etc. American Edition, reprinted from the English. New York: D. Appleton & Co. 1876.

popular receipts has gone by, and that the arcanum is dissolved. Avoiding every infringement on the art proper of curing disease, I have in these pages considered only the science of prevention, which many can understand, and which is a profitable science to all who condescend to learn it."

The work is divided into three parts. The first part, which comprises one hundred and sixteen pages, is somewhat in the nature of an introduction to the rest. It describes the course of natural life, when it follows the benign processes of nature, from birth to a quiet and painless death; gives a brief account of the phenomena of disease; points out that there are diseases antecedent to birth by which the sins of parents are visited upon their children to the third and fourth generation, and describes the general phenomena of disease, its origins and causes, and the phenomena incidental to old age and natural decay. The second part forms the bulk of the work, and is devoted to an account of the induced and special forms of disease which to a greater or less extent are the results of modern civilization. Here are described the derangements, both functional and organic, which come from worry and mental strain, those which are produced by physical strain, and those which arise from a combination of these causes. Four chapters are devoted to these matters. Next, there follows a brief and excellent account of the influence which the passions exert in the causation of disease. To this succeed three chapters devoted to the physiological action of alcohol and of the diseases which result from the use of alcoholic beverages. The description of alcohol is naturally followed by an account of the phenomena which result from the use of tobacco and narcotics, such as opium, chloral hydrate, and the like. Three chapters are awarded to tobacco, and one to a consideration of narcotics. The author next describes the diseases which result from excessive eating and from diseased and improper foods. Then follows a statement of the ingenious methods by which we have succeeded in rendering the air of dwelling-houses impure, and of the evils thereby induced. The effect of occupation, of sloth and idleness, of late hours and broken sleep, of errors in dress, and of imitation and moral contagion, as factors in producing disease are next described. The two closing chapters of this part are devoted to automatic affections, hypochondriasis, and the important but neglected matter of the intermarriage of disease. The third part contains a brief, clear, and excellent summary of the antecedent pages in the shape of twenty-one statements or propositions.

The description which our author has given of the wear and tear, the premature decay and functional and organic derangements, that result from worry and from mental and physical strain, is excellent, and deserves the careful consideration of every one. Americans are preëminently a hurrying, worrying, and straining people. Children hurry to and from school, fret and worry in school, and worry out of school. The merchant, professional man, artisan, and day laborer hurry to breakfast, hurry from it to their work, hurry back to dinner, then hurry to work again, from which they hurry once more to their homes, where they worry themselves into a worried sleep at night. The women hurry and worry about their households, their children, their work, their charities, their churches, and their amusements. Hurried to death, or

worried to death, would be an appropriate epitaph upon the tombstones of a vast number of Americans. Dr. Richardson's account of the influence of the railway system in producing the hurry and worry we have referred to is true and graphic. "We have," he says, "in all our large cities and towns men who are leaving their chambers, their offices, their consulting-rooms every evening in great haste, that they may arrive at the train or other conveyance that will take them a journey of some miles to their homes. Again every morning the same men, usually in very great haste, leave their homes to return to business. If this double process of travel could be performed daily with deliberation, and without exposure to physical or mental shock, it would be free of danger, and perhaps on the whole conducive to health. For the man who can partly retire and can pursue business as he lists, it is, I believe, conducive to health; but to the struggling man who is in the meshes of an active life, few processes are more destructive. The elements of danger are many. There is the annoyance which springs from danger of absence from business; there is the haste to return from home to business; there is the temptation to remain occupied to the last possible moment, and to risk an exceeding hurry in order to join the family circle at an appointed hour; there is the tendency to become irregular in the method of meals, to take a hasty breakfast, to work during the day on imperfect snatches of food, and late in the evening, when the stomach like the rest of the body is wearied, to compensate for previous deficiencies by eating an excessive meal. Lastly, there is the evil that some work, which might easily have been done during the hours sacrificed to traveling, is brought home to be completed at night, when the tired body should be seeking its natural repose." (Pages 187, 188.)

Dr. Richardson justly condemns excessive physical exertion. He does not underrate the advantages of physical exercise, but couples his commendation with the statement that he can "scarcely overrate the dangers of those fierce competitive exercises which the world in general seems determined to applaud." The disciples of muscular Christianity have pushed the practical application of their doctrines to a dangerous extreme. Because a walk of four or five miles may be taken with advantage, it does not follow that one of twenty miles will do still more good. We recall, as we write, two cases of organic disease of the heart which had their origin in the training and occasional "spurting" of the Cambridge boating crews. We commend those who purpose undertaking a course of physical training, such as rowing, wrestling, running, and the like, to Dr. Richardson's account of injuries from physical overwork.

That portion of the volume which treats of the physiological action of alcohol, and of the diseases produced by the improper use of alcoholic beverages, will excite greater interest and lead to more criticism than any other part of it. The picture which he draws of the terrible evils that alcohol induces, such as dyspepsia, disturbances of the nervous system, diseases of the heart and lungs, of the liver and kidneys, and of other portions of the body, is not overdone. Indeed, it would be difficult to exaggerate the evils that alcohol may and does engender. But his account of the physiological action of alcohol is imperfect. We regret that it is so, because it gives to his discussion of the subject the appearance, to say the least, of special pleading. A scientist has no right to

be a partisan, and we fear that, so far as alcohol is concerned, Dr. Richardson is one. He gives no account of the elimination of alcohol, or of that important matter, the ratio of elimination to absorption. He does not allude to its action on metamorphosis of tissue, or assign to it any place as an article of diet. When he asserts that the physician "contemplates its action on living function to discover that it supplies no force to living matter" (page 209), we are at a loss to know upon what data he founds such a statement. That the largest portion of the alcohol ingested is consumed in the system and is not eliminated has been demonstrated by the experiments of Anstie, Duchek, Brunton, and others. When consumed it yields force, unless alcohol is in this respect an exception to all other physical agents. As a well-wisher to the cause of temperance we regret these omissions. It is always best to tell the whole truth. The evil which alcohol induces is so patent, distressing, and far-reaching that there is no danger in pointing out the good which it may do as well as the evil.

In treating of tobacco Dr. Richardson has not fallen into the error which his dislike of alcohol led him into with regard to the latter agent. He fairly describes the results, perhaps underestimating the evils, of tobacco-smoking, chewing, and snuffing, and by so doing has strengthened the reproaches which he has visited upon these habits. Our space forbids further comments upon this admirable book. We commend it to the profession and the public as the best book of the kind with which we are acquainted. We wish it could be read by every young man and every young woman in the country. The Messrs. Appleton have printed it upon good paper and in large type, so that it has an attractive dress, worthy of its contents. There are a few typographical errors, which should be corrected in the next edition.

E. H. C.

JONES'S MEDICAL AND SURGICAL MEMOIRS.¹

THIS volume of nearly eight hundred closely-printed pages, though somewhat heterogeneously compounded, is certainly a monument of patient, conscientious labor, and it is all the more creditable to its author that he accomplished it when he was, as he says, "situated at a distance from public libraries and deprived of the intercourse of learned men and original investigators." The pathological observations are the more valuable for the reason that they form one of the few reliable contributions from the Southern side to the medical history of our war.

The first one hundred and thirty-six pages, in fine print, are devoted to an Introduction to the Study of Diseases of the Nervous System, consisting mainly of a full and well-written (although not always well-punctuated) historical sketch of the Physiology of the Nervous System, and giving proof of

¹ *Medical and Surgical Memoirs, containing Investigations on the Geographical Distribution, Causes, Nature, and Treatment of various Diseases, 1855-1876.* By JOSEPH JONES, M. D., Professor of Chemistry and Clinical Medicine in the Medical Department of the University of Louisiana, formerly Surgeon in the Provisional Army of the Confederate States. Vol. I. Introduction to the Study of Diseases of the Nervous System, Investigations on Traumatic Tetanus, etc., etc. New Orleans: Printed for the Author.

remarkably extensive and careful reading. The next two hundred pages are given to the study of Traumatic Tetanus in all its relations. Evidently, every fact of importance bearing upon the subject which the author could lay hands upon is recorded, and there is a series of tables showing the number of deaths from tetanus that have occurred in various cities of the South during the past fifty years, which in spite of the suspicion as to accuracy which must always attach to such statistical reports, unless we know under what precautions the materials for them were collected, must at least have a certain value. It appears from them that tetanus caused "a much larger number of deaths amongst the blacks than amongst the whites, in Augusta, Ga., and that it is much less frequent and fatal, both amongst the white and colored races, in Augusta, Ga., than in Charleston, S. C., Savannah, Ga., and New Orleans, La.," which, with other facts, "justify the conclusion that tetanus is most common and fatal in low, moist, hot, malarious situations."

Cerebro-Spinal Meningitis receives, in the space of one hundred and fifty pages, a like almost exhaustive treatment, without, however, any particularly new conclusions being developed.

The remainder of the book is given up to Clinical Observations on Certain Diseases of the Lymphatic and Circulatory Systems and of the Liver and Kidneys, illustrating the Relations of Dropsy to these Diseases; also to the account of Investigations on the Prevalence and Fatality of Pneumonia in the Confederate Army during the American Civil War, and to the study of Diseases of the Osseous System, especially Mollities Ossium.

It is difficult to characterize in a few words a work of so unusual a kind and treating of such varied topics. The writer certainly seems to have tried to disarm criticism as to fairness as thoroughly as possible by drawing evidence untiringly from every quarter, often with a diffuseness which we could have wished curtailed, and which, together with the fact that the immense mass of material is not always thoroughly digested, will interfere with the general acceptability of the book. It would be impossible to judge of the scientific value of the original physiological experiments without closer study than we have given them. It seems to us that the details of many of them could have been replaced to advantage by a mere statement of results, or, often, by a simple reference to well-known facts, but they all bear the evidence of having been conscientiously performed, to say the least.

It may not be out of place to add that we dislike the fashion, which has been followed here, of prefacing a good book with a rather self-asserting title-page and introduction. It is of absolutely no use to us to know in advance that the conclusions to be recorded later are illustrated by "eight hundred cases of disease, four hundred physiological experiments, ninety-five analyses of the blood and urine, and sixty tables," etc., or a hundred times that number, unless we know too with what care and skill the observations were made; and that the title-page does not and cannot tell us.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. GREENOUGH, M. D., SECRETARY.

MARCH 27, 1876. *Calculus of the Bladder.* — DR. CABOT reported the case, and showed the specimen. B. K., aged fifty, entered the hospital January 11th, with the following history. For the past twelve years he has at various times passed small stones through the urethra, some of these so hard as to be broken difficultly with a hammer. Two years and a half ago the characteristic symptoms of stone in the bladder came on, and have since steadily increased in severity. He is much emaciated and weakened, and has no control over his urine, which constantly dribbles from him. The sound touches a stone immediately upon entering the bladder. The urine contains a large amount of pus.

January 15th. He was etherized and examined with the lithotrite. The stone was found to be attached to the anterior wall of the bladder. After being detached from here it was seized, but found to be of large size and too hard to be broken. It was then removed by the lateral method. The stone came away easily, but there was some after difficulty in controlling the hæmorrhage. While pulling forward the rectum with the finger, an opening about one half an inch long was discovered. This was closed by a single stitch. On the fifth day after the operation a diphtheritic ulceration appeared upon the wound, but quickly disappeared under treatment with acid wash. After a dose of castor oil on the tenth day he had a copious discharge, a considerable portion of which came through the wound. His bladder was washed out with Sir Henry Thompson's solution, and a soft catheter left in. Almost all of the urine came through this catheter.

January 30th. Fifteen days after the operation, examination showed a hole through the rectum which admitted the tip of the little finger. He did well now till the 9th of February, when diarrhoea set in. This continued with but little interruption till his death, more than a month later.

February 19th. It being found that the feces backed up into the bladder, he was etherized and the sphincter ani stretched. The soft catheter, which had been left out for some days, was reintroduced. After this his general condition improved again.

February 29th. He was examined, and the hole in the rectum found to be twice as large as at the last examination. From this time he slowly failed. He had chills, hiccough came on, and on March 18th, two months after the operation, he died.

The autopsy revealed œdema of the lungs with lobular pneumonia. The perineal wound was closed except at the upper part, from which a small opening extended into the membranous portion of the urethra; between the prostatic urethra and rectum there was an opening three fourths of an inch in length.

Bladder firmly contracted, dark red, containing muco-purulent matter and a white friable calculus of the size of a bean; both ureters distended, mucous membrane opaque, not injected, covered with muco-purulent material.

Right kidney one third natural size, firm, capsule adherent, section pale, cortical portion atrophied, with occasional opaque points indicating commencing abscesses; pelvis contained several small calculi and some pus.

Left kidney somewhat enlarged, on separation of capsule, pale with occasional nodular elevations, one of the size of half a plum; these on section contained pus; same appearances in pelvis as in right kidney.

Left renal vein distended with a thrombus, yellow, softened centrally, in parts adherent to the wall and extending nearly to the entrance of the vein into the inferior cava.

Chemical analysis of the calculus gave the following result. Nucleus: calcic oxalate. Body: calcic phosphate and traces of calcic oxalate and triple phosphate. Crust: calcic phosphate, traces of ammonic urate, triple phosphate, and calcic carbonate.

Fractured Spine and Diseased Cord.—DR. FITZ showed the specimen, stating that the patient died under the care of Dr. Moses Parker, of Melrose. The autopsy was made on the 18th of January, 1876. The head was not opened; the thoracic organs appeared healthy. There was extensive amyloid degeneration of the liver and numerous small abscesses in the kidneys, the pelvis of which and the bladder were acutely inflamed.

The fracture of the spine and dislocation forwards is seen at the twelfth dorsal vertebra, the upper anterior edge of the body of which has been detached and united firmly to the lower edge, in front and along a line extending from this point upwards and backwards to the posterior part of the upper surface. A fragment of the posterior and lower portion of the body of the vertebra above is also detached, and adheres to the upper and posterior edge of the body of the twelfth vertebra. A dislocation forwards of the spine above the last dorsal vertebra has taken place, the lower anterior edge of the body of the eleventh dorsal being in contact with the corresponding part of the vertebra below, and its lower articulating surface in part fused with the anterior surface of the body of the last dorsal vertebra, and in part separated from it by a soft tissue. The upper third of the body of the twelfth dorsal is somewhat thicker and denser than normal, but there is no evidence of impaction. The spines of these two vertebræ are separated from each other by a space of an inch and a quarter, the spinal canal being bounded here by the stretched ligamenta subflava. The articulating surface for the twelfth rib, the superior articulating process, and the arch on the right side have evidently been detached and dislocated downwards and backwards, though now thoroughly united by bone to the body of the vertebra. The articulating process on this side is thoroughly coössified with that of the vertebra above. The corresponding intervertebral foramen is nearly three times as voluminous as that immediately above. On the left side the atrophied superior articulating process has been detached, is bent forward at a sharp angle, and is united with the lamina, but separated from the thickened inferior articulating process of the vertebra above by a considerable space, which is bridged over externally by a bony spicula.

The transverse process on this side has apparently disappeared, the rib is dislocated downwards, and is united with the lower portion of the lamina in

front. A mass of bone unites the lamina with the body of the vertebra. The intervertebral foramen between the eleventh and twelfth vertebræ is rounded, though of relatively normal volume.

As a result of the dislocation of the spine, the spinal canal is somewhat constricted at the level of the upper part of the twelfth vertebra. The corresponding portion of the spinal cord for an inch and a half is flattened, gray, and translucent, apparently little else than a band of cedematous fibrous tissue, resting upon a somewhat nodular bone-like which had formed in the arachnoid behind, this being intimately adherent to the thickened dura mater. Cartilaginous and calcified scales are numerous behind, above the flattened part of the cord, and others smaller are scattered about in the pia mater of the cauda equina. Many of the nerves of the cauda equina were in a state of gray atrophy, from disappearance of the white substance. Portions of the cord from above the flattened portion contained numerous granular corpuscles, and blood-vessels appeared as white arborescent lines, from the presence of fatty degeneration of their walls.

APRIL 10, 1876. *Enucleation of the Eye.* — DR. DERBY reported the case. Miss E. R., aged forty-three, lost the right eye at the age of two years by a wound from scissors. She consulted me first in April, 1872, on account of occasional pain in this eye and weakness of the other. The right eye converged, was slightly shrunken, cornea opaque, ciliary tenderness upwards. The left eye had normal vision, but presented the intolerance of light and occasional blur that often herald commencing sympathetic ophthalmia. Enucleation of the right eye was proposed.

February 26, 1876, the right eye was enucleated. It had in the interval become more painful. The left as before.

DR. BLODGETT, present by invitation, showed the specimen, as also two microscopic preparations of the choroid, and described the appearances as follows.

The eye is flattened from above downwards, is elongated from before backward, having in this direction a roughly ovoid form, with the greater convexity behind. The globe as a whole is harder than normal, with an unyielding resistance over the posterior hemisphere. The diameter of the globe is about seven eighths of an inch. The cornea is densely opaque and the iris not visible.

Upon section of the globe under water the vitreous was found to be fluid, of about the consistence of serum, and of brownish-yellow color. The anterior and posterior chambers were still distinct cavities. In the place of the lens was a fleecy white membrane occupying the situation of its posterior wall, and this membrane contained in its centre a small point of calcification. The ciliary processes seem much thickened, broad, dense, and are covered by a grayish, flaky cloud which cannot be drawn off with forceps. The retina is present only as a delicate film of a brownish-yellow color, extending from the point of entrance of the optic nerve toward the ciliary border, but its anterior attachment is not apparent. Around these remains of the retina at the posterior portion of the globe is developed a layer of bone, leaving the point of retinal

attachment as a foramen in its centre. The bone is of roughly ovoid form, with its larger convexity above. Its upper border is tolerably sharply cut and regular, while its lower border is projected into several irregular spurs having a main direction downward and outward. The bone has a length of about seven eighths of an inch, a breadth of about five eighths of an inch, and a thickness of one to one and five tenths lines. The bone is developed in and from the choroid, which structure it replaces at the posterior segment of the globe, while at its borders the choroid is distinguishable, and presents several delicate spiculae and lamellae in its substance, which project forward from the borders of the bone. The appearance of the choroid to the naked eye is that of a sprinkling of minute white points upon a brown ground, with patches of a brighter color where the points are more abundant. Under the microscope the brown ground is seen to be the remains of the pigmented choroid, while the white points are points of commencing calcification. They are of an ovoid form, layered like an oyster-shell, opaque, give a white reflex by reflected light, and are dissolved by hydrochloric acid, with the evolution of gas. The proper pigment of the choroid is found only in isolated patches at considerable intervals.

Retinitis Pigmentosa. — DR. DERBY demonstrated to the society, with Carter's fixed ophthalmoscope, a case of retinitis pigmentosa. The patient, a healthy New England farmer, aged forty-five years, was the child of first cousins. Commencing with night blindness at the age of puberty, the disease had been advancing up to the present time, and blindness would soon ensue, the patient now being unable to go about alone.

Dr. Derby remarked that this was the second instance of this disease occurring in connection with blood-relationship of the parents which he had shown the society. The influence of such antecedents in promoting the disease had been denied by some, and the collection of accurate statistics was exceedingly desirable. He himself had met retinitis pigmentosa seventeen times among eleven thousand patients, and the parents had been first cousins in seven of these. There were no deaf-mutes among them.

APRIL 24, 1876. *Tumor of the Breast. Intra-Canalicular Papillary Fibromyoma.* — DR. BIGELOW reported the case, and stated that this was a form of the affection described by Brodie as sero-cystic disease. The patient was a middle-aged woman; her left breast was enormously enlarged, ovoid, and nearly the size of two lamp-globes. Upon its surface were several ulcerations of the size of a shilling, covered with a scab. The duration of the tumor was five years. When first noticed it was the size of a hen's egg; in three years it doubled, and during the last six months also has doubled in size, now growing very rapidly, with great pain.

The mass was not adherent to the muscles, was readily excised, and in ten days the wound had nearly healed. This benign growth, well described, as has been said, by Brodie, was afterwards believed to be a form of mammary hypertrophy, and on section shows cysts, some minute, some enormous, one in this case containing nearly two pints of fluid. Such cysts were called proliferous, and their contained growth or offspring was considered, on account of

its grape-like lobulation both to the eye and under the microscope, to be a form of mammary hypertrophy — an enlargement of the normal gland-structure, which is also grape-like. This contained growth hangs from one or many places of the interior of the cyst-wall, increasing until the cyst is filled with its solid contents. On section these masses can be turned out from their bed, sometimes of the size of a hen's egg. Sometimes they are almost microscopic, and can be picked with the point of a pin from their equally microscopic cavities. "Chronic mammary tumor" is a similar growth, without the fluid cysts.

This general description still holds good if we only adopt the views of Virchow, and substitute for the supposed mammary lobulation a merely papillary one. Virchow directs attention to the frequency of papillary growth from connective tissue, whether as common warts upon the skin where papillæ præexist, and similar so-called venereal warts, but which are not venereal, or growths intruding upon cavities where there are no papillæ; among the last are the so-called Pacchioni's glands, and cardiac vegetations. Similarly the connective tissue intrudes upon cysts formed by dilated mammary canals, and is the real origin of their contained proliferous growth, the epithelial lining of the enlarged canals investing the surface of the lobules. In the fine specimen shown it is seen that much of the material presents an anasarcons or gelatinous appearance; this is due to the fact that its connective tissue is imperfectly developed. Such embryonic condition of connective tissue is known as myxoma, hence the name given to this tumor, derived from its origin and structure, is intra-canalicular papillary fibro-myxoma.

DR. FITZ exhibited the tumor, and called attention to the various degrees of development of the connective tissue, and of its papillary growth, as regards both its structure and its size. He considered it to be a very beautiful illustration of this form of tumor, and alluded to a clinical point which Dr. Bigelow had omitted, namely, the tendency of the papillary masses, after crowding and distending the cyst, to perforate it by ulceration and to appear upon the surface. The growth might then be mistaken for a malignant one. The integuments surrounding the fungoid mass, however, are usually detached from it, and not incorporated with it, as in protruding cancer. Another point is interesting; in some forms of these tumors the lining membrane of the cysts is found under the microscope to have beneath it an infiltration of juxtaposed cells in the connective tissue. Such a growth should be regarded as sarcomatous, and this variation in structure explains the tendency to recurrence in certain cases of sero-cystic disease; fortunately, it is exceptional.

THE ANNUAL MEETING OF THE BOSTON MEDICAL ASSOCIATION.

THE meeting this year, held on May 1st, was of unusual importance, as several changes in the fee table were proposed.

The charge for mileage in cases involving travel was made \$1.00 to \$3.00, instead of \$1.00 to \$2.00, and the clause relating to longer distances was

dropped. The clause with regard to special charges in venereal cases was also dropped. Finally it was voted that a physician should be entitled to charge half fees to physicians not residing in the city.

The fee table is but an approximative affair at the best. It does not really prescribe what physicians shall charge for their services, but rather records the charges which the majority of physicians find it on the whole suitable and profitable to make. Of necessity it contains clauses which provide for diminishing a charge if the patient cannot afford to pay it, and increasing it when the gravity of a case, unusual detention, or other modifying circumstance makes the physician's services of more value than usual. These changes must, of course, be regulated by the good sense and good taste of the attending physician. No one else can be so well acquainted with the circumstances of the patient, or the importance of the case. When we follow the fee table, or rather the spirit of the fee table, we may not regard ourselves as succumbing to rules prescribed by others, but rather as showing a reasonable deference to the opinions of our colleagues and associates, and doing our best to create unanimity among them. Certainly we have reason to congratulate ourselves that but few physicians in this community are not disposed to encourage this unanimity, though we occasionally hear of charges so exorbitant that they would stand a small chance of being sustained in a court of law.

The changes made in the fee table this year are not very important ones. There seems to be no reason for making a special charge in a case of gonorrhoea or syphilis, unless the case happens to be one of "unusual importance," etc., when the charge could be increased under any circumstances.

The vote with regard to charging half fees to physicians was by no means intended to act oppressively. Physicians are ready enough to do reasonable service for their professional brethren, and the vote in question would never have been introduced but for the extraordinary and unreasonable calls that are frequently made, without any apparent regard for the loss of time and strength caused by them.

Only with regard to the charge for mileage was there a decided difference of opinion, it being maintained on the one hand that a charge of \$2.00 per mile was enough, and that it would tend to discourage consultation if it was increased to \$3.00, and, on the other hand, that \$3.00 was sometimes not too much, and that all objections to the change were obviated if the minimum charge was kept at \$1.00. The fact that the change was finally made would seem to show that a considerable number of physicians find their services in demand at this price.

A very praiseworthy motion was offered that the regular fee for a visit made in answer to a summons sent after twelve m. should be \$5.00, instead of \$3.00, in order to break up the annoying habit of waiting till afternoon before sending for a physician, when he might just as well have been sent for in the morning, and perhaps have been saved the trouble of going over the same ground twice. The plan was, however, considered impracticable, and the motion was lost. It was suggested as equally desirable to demand a larger fee whenever a message is sent to "come as soon as possible," when really there is no haste. When the fee table is made a part of the regular course in the public schools, such provisions will be of the first importance.

MEDICAL NOTES.

— The so-called shower of flesh in Kentucky is made the subject of a communication to *The Sanitarian* for May, 1876, by Leopold Brandeis of Brooklyn. The writer said that in 1537, while Paracelsus was engaged in the production of his "elixir of life," he came across a very strange-looking vegetable mass, to which he gave the name of "nostoc."

The want of rapid transportation, combined with the perishable nature of the substances fallen, have hitherto prevented a complete and exhaustive examination. The specimens of the "Kentucky shower," however, reached this city well preserved in glycerine, and it has been comparatively easy to identify the substance and to fix its status. The "Kentucky wonder" is nothing more or less than the nostoc of the old alchemist. The nostoc belongs to the confervæ; it consists of translucent, gelatinous bodies joined together by thread-like tubes or seed-bearers. There are about fifty species of this singular plant classified; two or three kinds have even been found in a fossil state. Like other confervæ, the nostoc propagates by self-division as well as by seeds or spores. When these spores work their way out of the gelatinous envelope they may be wafted by the winds here and there, and they may be carried great distances.

Wherever they may fall, and find congenial soil, namely, dampness or recent rain, they will thrive and spread very rapidly, and many cases are recorded where they have covered miles of ground in a very few hours with long strings of nostoc.

On account of this rapidity of growth, people almost everywhere faithfully believe the nostoc to fall from the clouds, and ascribe to it many mysterious virtues. The plant is not confined to any special locality or to any climate; sown by the whirlwind, carried by a current of air, in need of moisture only for existence and support, it thrives everywhere. Icebergs afloat amid ocean have been found covered with it. In New Zealand it is found in large masses of quaking jelly, several feet in circumference, and covering miles of damp soil; and in our own country it may be found in damp woods, on meadows, and on marshy or even gravelly bottoms.

All the nostocs are composed of a semi-liquid cellulose and vegetable proteine. The edible nostoc is highly valued in China, where it forms an essential ingredient of the edible bird-nest soup. The flesh that was supposed to have fallen from the clouds in Kentucky is the flesh-colored nostoc (*N. carneum* of the botanist); the flavor of it approaches frog or spring chicken legs, and it is greedily devoured by almost all domestic animals.

Such supposed "showers" are not rare, and are entirely in harmony with natural laws. In the East Indies the same nostoc is used as an application in ulcers and scrofulous disease, while every nation in the East considers it nourishing and palatable, and uses it even for food when dried by sun heat.

— Dr. Bourguignon recommends, in *L'Union Médicale* of March 30, 1876, the potassio-tartrate of iron as a useful application in varicose ulcers of the leg. He finds ulcers with hard, well-defined, and unhealthy surfaces yield so readily to the application as to be cured in two or three months. According

to the sensibility of the ulcer, a solution of from two to six parts of the tartrate is to be made in one hundred of water, a few drops of ammonia being added to prevent precipitation. Pledgets of charpie are then soaked in it and applied to the ulcer night and morning, and covered with a thick layer of cerate. This by means of tepid water must be so removed as to leave none of the charpie adherent to the ulcer. After cicatrization has begun, the lotion needs only to be applied in the evening, simple cerate being substituted in the morning. An opiated cerate may be alternated with the simple if the application is painful at first.

BOSTON DISPENSARY.

GYNÆCOLOGICAL CLINIC.

[SERVICE OF W. H. BAKER, M. D.]

CASE I. Mrs. W., born of Irish parents, thirty-two years of age. Miscarried the seventh month of her first pregnancy; has given birth to three children since. About ten days after her second confinement she was about her work, but she felt pain and bearing-down sensation in the pelvis, and each succeeding labor increased the trouble to such an extent that she was obliged to seek medical advice. She presented herself at the Boston Dispensary six weeks after the birth of her last child. On examination Dr. Baker found subinvolution of vagina, forming cystocele and rectocele, for which he advised operations on the anterior and posterior walls of vagina as the most speedy method of cure, but the patient was unable to give time to the operation, being obliged to take care of an invalid husband and three children. A block-tin retroversion pessary, after the model of Hodge, was adjusted, which was free and loose in the vagina allowing the finger to pass readily all around it. Patient was told to report in a month or so, or sooner if she experienced any inconvenience from the instrument. Nothing more was heard of her for a year, at the expiration of which time, she having returned, the pessary was found to fit so closely in the vagina that the finger could not be passed around it as before. The vagina had so far recovered its tone that a much smaller pessary was required, and introduced. Mrs. W. for the whole year had derived the greatest amount of relief, having been able to attend to her work without any discomfort whatever. Dr. Baker remarked that in the majority of cases, if the pessary be properly adjusted to the parts, it will be found necessary from time to time to substitute a smaller instrument, and that by thus relieving the vaginal walls from their part in the support of the uterus, an opportunity is afforded these walls to recover their original tone and normal condition, when they will be able to give their proper support to the uterus without mechanical aid. This illustrates the point so often insisted upon, that for a pessary to do the greatest amount of good, and afford the greatest relief, it must not fit closely, but must be sufficiently loose in the vagina to allow the finger to pass freely around on all sides.

CASE II. Mary C., Irish, aged fifty. Occupation, domestic. Came to this country nine years ago. The year she came here her menses stopped; always healthy previous to this time. Has had two children; first, ten months after

marriage; second, one year and nine months after first, this child still-born. Labors short, but severe. About seven years ago, without any known cause, a small tumor, about the size of an egg, appeared at the vulva. This was soft, feeling, as she said, like "a little bladder," and bled a little. She went to the Dispensary and had a ball pessary introduced, with directions to remove it at night, and replace it in the morning. This she did for three or four days; then she bought a large rubber ball, about two and a half inches in diameter, just as large as could be pushed past the vulva. She had some difficulty in passing her water, it not flowing freely, although no pain whatever was complained of. This was due, probably, to the great size of the ball pressing on the urethra, causing a constriction. After this ball had been worn about three years without the slightest discomfort, she began to have a constant foul-smelling discharge. The stench was so great that she could not remain long near any one, and it was difficult for her to keep a place. She managed to have a separate bedroom to herself. She was ashamed to consult a physician, though she felt that this filthy discharge was telling on her health. Sick and discouraged she finally visited the Boston Dispensary March 3, 1876, after having worn the ball for seven years. Dr. Baker removed the ball. In it was a rent about an inch long, and through this the secretions of the uterus and vagina had found their way into the interior of the ball; here they underwent decomposition, forming the foulest of foul fluids. With certain motions of the body, a portion of this offensive liquid was squeezed out into the vagina, keeping up considerable vaginitis. Dr. Baker sent her to the Free Hospital for Women on East Springfield Street, and there on March 20th operated on her for cystocele. I saw the patient April 10th and found the vagina in a fine healthy-looking condition, the parts almost healed, and the patient feeling and looking much better than when I first saw her. This case is interesting from the fact that so large a foreign body had remained in the vagina for seven years without doing more harm; and that a short time devoted to a cure in the beginning might have saved her several years of discomfort and pain.

CASE III. Mrs. S., of Irish birth, twenty-five years of age, came to the Boston Dispensary a short time ago, and reported that she had had intercourse with her husband, who the next day left for the West. Finding that he had gonorrhœa, he wrote to her asking if she was troubled the same way. This led her to consult Dr. Baker. On examination he found a suspicious-looking ulcer confined entirely to the posterior lip of the cervix uteri; the base of the ulcer was not indurated, but bled at the slightest touch with the cotton stick. Patient reported that previously intercourse caused slight bleeding. Dr. Greenough was asked to see the case; he considered it non-specific. A portion was sliced off for microscopical examination. So profuse was the hæmorrhage, after the cut, that styptic cotton was applied to control the bleeding. Patient was ordered tonics, and told to report again in a short time. Three weeks brought her back with the cut surface of the cervix uteri healing over well. Another piece was sliced off, and styptic cotton applied. The specimens were submitted to Dr. Cutler for examination, who reported them prolific in young cells, though there was nothing decisive in their

character. Dr. Baker thought it due to the friction of the posterior lip on the posterior wall of the vagina, resting as it did on the floor of the pelvis, probably starting from some slight endometritis. There was a muco-purulent discharge from this abraded surface, which doubtless caused the symptoms of gonorrhœa in the husband. It is evident, therefore, that the slightest causes may sometimes set up urethritis in the male.

O. H. MARION.

LETTER FROM PHILADELPHIA.

MESSRS. EDITORS, — The comments which have been elicited by the paucity of Philadelphia medical men among those who will address the International Medical Congress, or open the special discussions, have frequently led to the remark, "It is the fable of the old man and his ass over again." Perhaps this may be true, for if Philadelphian names had been in majority upon the programme, the comment would probably have been, "Philadelphia has taken the lion's share." But since taking too much would have been worse than taking too little, the matter is better as it is. This dearth of Philadelphian names is not accidental. After some discussion, the medical commission decided to take but a modest share of the programme. This is the result not only of the proper feeling which gives guests prior consideration, but is the outgrowth of a very natural fear that if a large number of Philadelphia men were given active part in the exercises, there would be dissatisfaction. It is true that there are brilliant medical men in this city who by this arrangement are left in shadow; men who would perhaps have added to the celebrity of Philadelphia as a medical centre. On the whole, however, the programme seems to be wisely arranged, and, it is to be hoped, gives general satisfaction. I have no additional news to give you concerning the congress. The corresponding secretaries are constantly receiving replies to foreign invitations. Several leading men of England and the Continent whose presence at the congress was anticipated, have announced their inability to come.

The hospital of the centennial exposition, which was to have been one hundred feet long, has been reduced to sixty, and some of the conveniences which would have made the building more comfortable during the hot months have been set aside because of lack of funds. The commission are now \$1,500,000 in debt, notwithstanding the \$1,500,000 voted by Congress. This deficit will undoubtedly be more than covered by the entrance fees. Ten thousand dollars per diem for one hundred and eighty days (the duration of the exhibition) will put \$1,800,000 into the treasury of the commission. The anticipation is that far more than twenty thousand persons will visit the exposition daily during its continuance. It may be that additional hospital conveniences will be erected so soon as the authorities realize, as they undoubtedly will, that there will be more extended calls upon the officers of the medical service than they are now inclined to believe. There will be a male and a female ward, but no provision has been made for a class of cases which will be certain to be well represented; namely, confinement cases. Statistics show that during the Paris exposition there were seven hundred and eighty cases of labor on

the grounds. Our summer weather is so much more intense than that to which many who will attend the exhibition are accustomed, that the effects of heat, together with the great fatigue incident upon the work of visiting merely the principal buildings, will be certain in many cases to bring on labor. There are already three thousand individuals who are living on the grounds. They make constant calls upon the resident physician. The probable additional cases of sickness during the exposition will give busy hours to the other officers of the medical service. It is anticipated that the most trying cases will be those of sunstroke. As many as twenty-seven persons in one day have been carried to the Pennsylvania Hospital alone during past summers. In the largest buildings of the exposition the temperature is much lower than that of the outer air, but it will be in wandering from one building to another that visitors will especially feel the effects of our tropical weather.

That case-hardened, shameless individual, the man Buchanan, who writes himself "professor," who is the mainspring of the swindling establishment known as the "University of Philadelphia," and who has brought so much obloquy upon the medical schools of America by advertising and selling diplomas here and abroad, has just been arrested for causing obscene books to be distributed about the city. He is an abortionist, and one of the horrible class of men who advertise for patients who are "victims" of nameless causes. The similarity between the title of his shop and that of our noble and venerable University of Pennsylvania has misled more than one stranger student.

The audacious manner in which Buchanan has deceived men of some culture in Europe as well as in America is notorious. He pretended to have a medical college acting under a charter of this State. A document of this character was by some dark cunning obtained from the legislature, but has since been repealed. Buchanan, however, in company with another person by the name of Paine, and equally notorious, still keeps up his unlawful establishment, and nobody interferes. The whole business, however, is so insulting to the regular schools, and causes such indignation, that I heard one professor of long standing say, "In spite of the illegality of the deed, I would willingly be one of three to blow the concern into atoms."

One of Buchanan's victims, the son of an English clergyman, and himself a man of experience and education, according to the *Philadelphia Press*, wrote last autumn as follows: "At all events I am puzzled about the 'University of Philadelphia.' I obtained a diploma from this institution in 1870, and not long after a leading clergyman gave people to understand that he had been in Philadelphia, but could not find the university. I went over to Philadelphia and had no difficulty in finding the university sufficiently conspicuous on Pine Street, one of the principal avenues of the city. The building occupied was large and in good order. The ground floor seemed to be used as a public dispensary, and was well fitted with medical appliances. On the first floor was a theatre for lectures, on the second another, and on the third a dissecting room, with one or more partially dissected subjects." As the *Press* remarks, "The institution undoubtedly had a local habitation and a name, but a curious collection of students pursuing curious lines of research must have occupied these theatres. The apparent purpose of the so-called University of Phila-

delphia' was to deal in diplomas, not only as certificates of medical knowledge, but also of studies in the arts, sciences, law, and divinity." The prospectus, which was circulated in Europe, gives the name of Hon. John Fest as president of the establishment. In the Philadelphia Directory, the only person of that name was a jeweler living in the northern part of the city. Probably great liberty was taken with names given as those of trustees. The secretary is put down as Hon. C. F. Clothier, a merchant. In the main the names appear to be fabrications. Thirteen trustees and twenty-six instructors are mentioned. Not one half of them are found in the city directory, and where they do appear, shoemakers and laborers are metamorphosed into doctors, lawyers, and clergymen. Apparently there are three or four physicians, so called, who engaged in this swindle, — at least, their names are included, — but they dwell in obscure parts of the town. It is supposed that Professor Rogers, of the University of Pennsylvania, has been insulted in the name of a fabricated "R. H. Rogers, A. M.," and the "R. A. Simpson, D. D., Prof. of Divinity," it is thought, infringes upon the character of the well-known Bishop Simpson.

The mere idea of theological graduates from Buchanan's Casino is so paradoxical as to puzzle Sathanas himself. It would be difficult to find such, and, if they be preaching, it would be a curious experience to hear their sermons. The degrees of this wild-cat concern were sold through agencies in England and upon the Continent, and many persons in town, so says the *Press*, know of clergymen who look with complacency upon diplomas which give them degrees in art and divinity, and which were purchased of Buchanan.

It is, perhaps, fortunate for America that this species of swindle is not confined to this country. Similar frauds have been carried on in England, but under greater difficulties, and as to the Continent, the following letter written by an English candidate for German honors, and published by the *Press*, tells its own story: "As to diplomas, I discovered another scheme of the man who advertises as 'Medicus.' I was informed by him that he would forward for me an application to the University of Rostock, the expense being £15 and not returnable. If successful, a further sum was required. I wrote a short Latin letter to the Dean of Rostock, who sent me a printed form, in German, stating the conditions of application for Ph. D. to Germans and foreigners. They are too complicated to quote. The expense is about £10, the bulk being returnable to the candidate if unsuccessful. 'Medicus' was probably making £7 or £8 out of every candidate whom he induced to apply to Rostock, by pocketing the returned diploma fees. This is enough to settle the character of Medicus."

After showing the difference between the usages in American and foreign universities, the *Press* adds: "But we have never heard of a single reputable educational institution in America which sold its honors for cash payments. A man who will buy a certificate of attainments which he is not required to prove must have some weakness about his moral nature. A right-minded person would not think of offering money for a diploma or literary honor. Yet we write this with misgiving as we recall the numerous gentlemen, particularly in England and Canada, who have been taken in Buchanan's snare. They

seem usually to be simple-hearted folk, often of real industry, of good connections, and of respectable attainments (?). These amiable people wonder how these fraudulent universities are allowed to exist in America without suppression instant and complete. They do not seem to wonder that our States have hardly yet aroused themselves to realize that it is necessary to defend fools against the disreputable business of buying literary honors to which they set up no claim but payment of money."

The strife between the progressive and non-progressive participants in the discussion as to the necessity of raising the standard of education in the University Medical School, has been much warmer than outsiders are aware. The result reached was not, by any means, that which the progressives hoped to attain. It was not an indication of timidity, as intimated in your editorial of this week, but a compromise of necessity. Undoubtedly it is only a temporary broad stair in the ascending standard of teaching in this school. The matter will not rest here. Let the friends of the higher standard of education be patient. The oldest medical school of America will not be the last to take rank with the Harvard school. The heaven is working. At a day not very distant the system of education in the medical school of the university will be upon a par with her facilities for teaching, her fine laboratories, her noble buildings.

The Medical Department of the exposition will be represented by a model army hospital and sets of all instruments and appliances used in military surgery and medicine. The whole will be under the charge of Assistant Surgeon J. J. Woodward. X.

PHILADELPHIA, April 28, 1876.

DR. W. H. H. HASTINGS has been appointed Superintendent of the Boston Dispensary.

NORFOLK DISTRICT MEDICAL SOCIETY. — At the annual meeting of the society, held May 9th, inst., the following officers were chosen for the year 1876-77: President, John P. Maynard; Vice-President, Robert Amory; Secretary and Librarian, Arthur H. Nichols; Treasurer, George J. Arnold; Commissioner of Trials, Thos. H. Dearing; Reporter, James S. Greene; District Nom. Committee, Henry Blanchard; Committee of Supervision, Willard S. Everett, Benj. Cushing; Censors, George Faulkner, John W. Chase, Washington B. Trull, Orville S. Rogers, Francis W. Goss; Councillors, George J. Arnold, Henry Blanchard, Wm. H. Campbell, Benj. E. Cotting, Robert T. Edes, David S. Fogg, Francis F. Forsaith, Chas. C. Hayes, Christopher C. Holmes, George King, James Morison, Joel Seaverns, Joseph Stedman, Chas. C. Tower; Orator, Henry P. Bowditch.

BOOKS AND PAMPHLETS RECEIVED. — Medical Department of the University of Georgetown, District of Columbia. Washington. 1876.

Mental and Nervous Disorders. By D. A. Morse, M. D. (From the Cincinnati Lancet and Observer.)

Summary of Seven Years' Work of the State Board of Health of Massachusetts. Prepared by W. L. Richardson, M. D. Boston. 1876.

Hydrodipsia and the Water Supply of Living Bodies. By Z. Collins McElroy, M. D. (Reprinted from the Cincinnati Lancet and Observer.)

Lectures on Orthopedic Surgery and Diseases of the Joints. By Lewis A. Sayre, M. D. New York: D. Appleton & Co. 1876. (For sale by A. Williams & Co.)